

FLOW CYTOMETRY LEUKEMIA-LYMPHOMA REQUEST FORM

MSHS Flow Cytometry Laboratory | 1425 Madison Avenue | Icahn Building Room 856 NYC, NY, 10029 | Contact: 212-241-2042 | Fax: 212-659-8186

Location Referring Sample/Case: MSBI MSW MSB (Brooklyn) NYEEI MSSL
MSDUS MSD-Chelsea MSSN (South Nassau)
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Contact Information (Referring Physician or Pathologist)
Name:
Telephone:
Patient Information
Name:
Name.
MRN:
DOB:
SPECIMEN INFORMATION
Date of Collection: Time of Collection:
Required by NYSDOH Required by NYSDOH
Required by NTODOTT
Peripheral Blood: Green (Sodium Heparin) Lavender or Pink (K ₂ EDTA) Yellow (ACD) (48hr stability) (24hr stability) (48hr stability) Bone Marrow: Green (Sodium Heparin) Lavender or Pink (K ₂ EDTA) Yellow (ACD) (48hr stability) (24hr stability) (48hr stability) Tissue (fresh tissue suspended in tissue culture media e.g., RPMI 1640)
Others
PATIENT CLINICAL HISTORY/DIAGNOSIS
FATIENT CLINICAL TIISTON I/DIAGNOSIS
FLOW CYTOMETRY PANELS REQUESTED
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Acute Leukemia (For: ALL, AML, CML, MDS, MPB, etc.) Lymphoma (For: Mature B cell neoplasms, Mature T- and/or NK- cell neoplasms, etc.) Myeloma Others (NK, T-cell subsets, CD38, CD56, CD57, LGL)
Comments: